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(Re	equestor's Name)	
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S. YOUNG

Jason Anderson 941 249 0994 23268 Avacado Ave punta gorda, Fi 33980

Zaki yaa Wilson 941-565-11-56 941 929 3767 2329 Ednor St Port Charlotk, F.L., 33952

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MUSTE'S TUSE LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Zakiyaa Wilson Name of Person	
Name of Telson	
Firm/Company	
2329 Ednor St	
Port Charlotle, FL 33952 City/State and Zip Code	
Murffsturff@smail. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jason Anderson at (941) 249 0994 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Murif's Turif LLC		22
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000 103735</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited lia	y were filed on 4/15/2020	and assigned a
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	an its areas	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	POBOX 4916003 PortCharlotte, F 33949	-L
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jason Andersons	23268 Avocado Arc	_\P\dd
		Punta Gorda, FL 33980	□Remove
			□Change
AMBR	Zakiyaa Wilson	2329 Ednor st	\DAdd
		Part Charlotte, Fl 33952	Remove
			🗆 Change
<u>AMBR</u>	Nerissa Wilson	2850 Jaylene Rd	X)Add
		North Port, FL 34288	□Remove
			[]Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:
If the recorrecord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	May, 20, 2020.
	Signature of a member or authorized representative of a member
	Sason Shandarson Typed or printed name of signce